

			DEPARTMENT USE ONLY			
Federal EIN		EIN used on original return, if different			For the tax year ended:	
Name				Telephone Number		
Mailing Address				Fax Number		
City		State		Zip Code		E-Mail Address
Contact Person		Title			Contact Telephone Number	
Name used on original return, if different from above				Is the corporation currently under audit by the Alaska Department of Revenue?		YES NO

Note: Complete Part III only to carry back net operating losses and net capital losses

PART I. ALASKA TAX SUMMARY

	(a) As originally reported or as adjusted	(b) Net change (Explain in Part II)	(c) Correct amount	DEPARTMENT USE ONLY
1. Apportionable income				
2. Alaska apportionment factor				
3. Alaska apportioned income				
4. Non-business income (loss)				
5. Alaska Items.....				
6. Alaska Income (Total of lines 3, 4, 5).....				
7. Alaska net operating loss deduction				
8. Alaska Taxable Income.....				
9. Alaska Income Tax.....				
10. Other Taxes.....				
11. Federal-based credits.....				
12. Total Tax (Total of lines 9, 10, 11).....				
13. Incentive Credits.....				
14. Alaska Education Credit.....				
15. Net Alaska income tax. (Total of lines 12, 13, 14)				
16. Net payments. (Total previous payments less total previous refunds, credits, penalties and interest)				
17. (a) If tax on line 12, column (c) is larger than net payments on line 13, enter tax due				
(b) Interest on amount on line 14(a) from ___/___/___ to ___/___/___				
(See instructions for interest rates)				
(c) Total amount due				
18. If prepayments on line 16 are larger than tax on line 15, column (c), enter overpayment				

ADDITIONAL REQUIRED INFORMATION. A complete copy of the federal amended return, if filed, must be provided to constitute a complete amended return.

I declare, under penalties of perjury, that an original return has been filed for this corporation and that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief this amended return is true, correct, and complete. If prepared by a person other than the taxpayer, preparer's declaration is based on all information of which preparer has knowledge.

Officer's Signature		Date	Title		DEPT USE ONLY
Preparer's Signature		Date	Check if self-employed <input type="checkbox"/>	Preparer's SSN or PTIN	CFWD
Firm's name (or yours if self-employed) _____ and address		EIN			REFUND
		Zip Code			APPROVED
					DATE

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PART III. APPLICATION FOR TENTATIVE REFUND **BASED ON CARRYBACK OF NET OPERATING LOSS OR CAPITAL LOSS**

Form 04-611N (Rev 11/00)